



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 7915

<b>SERIAL NUMBER</b> 09/901,804	<b>FILING DATE</b> 07/10/2001 <b>RULE</b>	<b>CLASS</b> 703	<b>GROUP ART UNIT</b> 2123	<b>ATTORNEY DOCKET NO.</b> 086328-9004	
<b>APPLICANTS</b> Michael Robert Smialek, Glenview, IL; <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/217,462 07/11/2000 <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 02/04/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 38	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 23509					
<b>TITLE</b> Universal data editor					
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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<b>SERIAL NUMBER</b> 09/901,804	<b>FILING DATE</b> 07/10/2001 <b>RULE</b>	<b>CLASS</b> 203 901	<b>GROUP ART UNIT</b> 2171	<b>ATTORNEY DOCKET NO.</b> 086328-9004	
<b>APPLICANTS</b> Michael Robert Smialek, Glenview, IL; <b>** CONTINUING DATA **</b> <i>yes</i> This appln claims benefit of 60/217,462 07/11/2000 <b>** FOREIGN APPLICATIONS **</b> <i>none</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 02/04/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and <i>all</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 38	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 3
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